CAMIL	AIGH CONTRIBUTI	ONS AND	EXPENSES	KEPOKI	State	Olinevada	
	ALAN PERA	zzo R	ESIDENT	AGENT			1191
Name (prin	t) _	Office	(if applicable)	77	5 477 1	ristrict (if applicable)	1171
	tress (include city and zin code)				5 427-1 Telephone No.	263	
	dress (include city and zip code) NFO © KEE PBRO	THELSOU	17, ORG				
E-Mail Add	ress PAC-COA	9617101	1 TO KE	EP BR	OTHELS	OUT OF	CHURCHILL
Select Apr	propriate Box(es) CANDIDATI	PAC DE	BAG POLPRT	Y INDEXP	AMENDED A	NNUAL FILING	COUNTY
•••		/					_ ′
	Annual Filing - Due J Period: January 1, 2003 - Decen		2004	***	F	ILE	
Incumbents All others	Report #1 — Due Augus s in an Office with a 4-year term s in an Office with a 6-year term rocacy Groups (BAGs) only:	Period: Jan. Period: Dec. Period: Jan.	5, 2001 — Aug 26, 2 . 20, 1998 — Aug 26, 1, 2004 – Aug. 26, 2 . 5, 2002 – Aug 26, 2	, 2004 004	Certif	3 0 2004 NOTE THE LER RY OF STATE	
	Report #2 Due — Octob		. 27, 2004 — Oct. 21	, 2004		FICE USE ONLY	
П	Report #3 Due Janua	ery 15 2005*					
BAGs only	-	Period: Oct.	22, 2004 Dec. 31 22, 2004 - Dec. 5, 2				•
	Assessed Sittle on Days Asses		-		•	ě	
Ц	Annual Filing - Due Jar Period: January 1, 2004 -					•	•
* Third R	Report suffices for 2005 An			led Report Nos.	1 and 2		
						Cumulative	
	CONTRIBUTIONS	SUMMARY			This Period	From Beginning of Report Period #1 through End of This	·
						Reporting Period	
1.	Total Monetary Contributions R	Received in Exces	ss of \$100	•	#650		
2.	Total Monetary Contributions R	Received of \$100	or Less	#	1735		
				1.0			
			This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period			
3.	Total Amount of Monetary Co	ontributions				1 .	
	Received (Add Lines 1 and 2)		*	#	2385		
	Total Value of In Kind Contribut Excess of \$100	tions Received in	0		<u> </u>		
		EY	(PENSES SUI	MMADY			
					4 - 40	1	•
5.	Total Monetary Expenses Paid	in Excess of \$10	00		1179	ļ	
	Total Monetary Expenses Paid				11318	ļ	
	Total Amount of All Monetary (Add Lines 5 and 6)	Expenses Paid			232 <u>18</u>	-	•
	Total Value of In Kind Expenses	s in Excess	Λ-	Ţ			
	of \$100			L	•		
							•
	•	_	AFFIRMATI	ON			
l Declare	Under Penalty of Perjury Th	at the Foregoin	g is True and Co	rrect.			
	1-11						
	XX VH	/ /- ^					
Signature		W/D			Date		
EL201.doc		Revised: J	an-04	PA	1	6	

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ROSIDONT AGONT
Office (if applicable)

Name (print)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of Ali Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
RALPH YOUNG	2/5/04	\$250	
SAM STANTON	5/22/04	#200	
	JAN A	# 100	
NEAL GRASTEIT	3/12/04	#200	
			:
	\$172-81-1004		
		·	
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	Report	Period	#
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ALAN PERAZZO	
Name (print)	0

Cosident Acent

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CHURCHILL COUNTY TROASURER	J VOTER REGISTRATION	4/8/04	11700
155 NORTH TAYLOR ST. STE. 1/0 PALLON, NV. 89406	LIST		
			14

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ALAN	Pan	1270
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ROSIDONT

AGONT

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

	f ·	**.		
CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
			0	
		, 1894 W		
	<u> </u>			
			159	
				·

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port	Period	#

ALAN	PERATIO
Name (print)	

Casipter +
Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	·		
		·	
·			NO. 70 - 70 - 10 No.

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

EL201.doc

Revised: Jan-04

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Report Period #

Panarro Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	. A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	ш
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	.
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.